Executive summary
This paper reports on the latest discussions from the UK Advisory Forums which took place in October 2016 in Wales, Scotland and Northern Ireland.

The summary provides details of the areas of interest or concern raised by UK Advisory Forum members, an update on our priority programmes, local agenda items discussed at each meeting and an overview of the GMC’s development of the new Corporate Strategy.

Recommendation
The Strategy and Policy Board is asked to note the summary report from the UK Advisory Forums.
Meetings of the UK Advisory Forums October 2016

1. The meetings were held on 5 October in Cardiff, 13 October in Edinburgh and 19 October in Belfast and were Chaired by Terence Stephenson.

2. Niall Dickson did not attend this round of meetings in view of his imminent departure from the GMC, so the Chair was supported as necessary by the COO and Directors.

3. The Chair restated the GMC’s commitment to working as a four country regulator and the importance of these Forums as part of that effort. Members were thanked for their on-going support of our work.

Update on local priorities/areas of interest or concern from Forum members

4. The Forums considered local priorities and areas of interest or concern.

5. In Wales discussion focussed on:
   
a. The upcoming retirements of the Post Graduate Dean and the Dean of Cardiff University School of Medicine, at the end of 2016.

b. A Physician Associates programme that recently launched at Swansea and Bangor Universities. It is likely this would see the introduction of more Physician Associates into the Welsh NHS.

c. The current Primary Care recruitment campaign, undertaken by professional bodies in Wales including the Welsh Government and Welsh NHS Confederation.

d. An acknowledgement that the GMC Mental Capacity Toolkit has proven extremely useful to doctors.

e. The Welsh Government’s publication of its five year programme ‘Taking Wales Forward 2016-2021’.

6. In Scotland the Forum discussed:

a. Healthcare Improvement Scotland’s work to put in place a new framework for quality of care reviews, which will bring together multiple quality assurance processes.

b. The political will to obtain granular workforce data as the UK negotiates exit from the European Union, and the challenges of providing this.

c. The four-country commitment to modernising legislation underpinning healthcare professional regulation.
d The future regulation of physician associates.

e The value of the GMC’s engagement programmes in Scotland, and the challenge to reach more doctors given geographical and resource constraints.

f Progress of the establishment of Scotland’s forthcoming graduate medical entry School, whose first cohort is due to start in 2018.

g The approach to education quality assurance, the need for proportionality and the continuing efforts to work collaboratively across the sector.

7 In Northern Ireland the focus was on:

a Challenges in relation to the number of vacancies in training places which has led to initiatives across Health and Social Care Services in Northern Ireland to attract doctors into training programmes.

b The expected outcome of the Bengoa Report and Ministerial Vision that will provide, over the next decade, the framework for development and delivery of health and social care across Northern Ireland.

c Disengagement and demoralisation amongst doctors as well as wider staff pressures. A number of doctors find the Revalidation administrative requirements significant in the absence of better electronic management systems.

d The importance of clinicians being fully engaged in clinical leadership and quality improvement and the time available to support this.

e The increase of General Practice training places, however continued growth is required alongside additional investment in primary care services and taking forward the Review of GP led services. As a result of an ageing GP population and increased number of GP Practice closures, the BMA’s General Practice Committee had consulted on requesting GPs to sign undated resignation letters. This proposal was frozen as a result of the recent Bengoa Report and Ministerial Vision, and further clarity around the investment in primary care.

f Increased patient waiting times that continue to impact on patient experience within the health and social care service.

GMC Update

8 Advisory Forum attendees received updates on the GMC’s key areas of work, including updates on implications of the EU referendum, the Medical Licensing Assessment, a review into making training pathways more flexible, the quality
assurance education reviews scheduled for Northern Ireland in March 2017 and Scotland in autumn 2017, and our consultation on reforming the List of Registered Medical Practitioners.

9 The Forums noted:

a That the EU referendum result would almost inevitably have a significant impact on the UK Government’s legislative programme though there might be a window leading up to 2019 when it is expected that the UK’s withdrawal from the EU will take place.

b The intention was to formally consult on the Medical Licensing Assessment in the near future. Our ambition was that the MLA would be operational from 2022 with the possibility of extensive piloting of our proposals in 2018.

c The review into making training pathways for doctors in training more flexible. It is intended to present the report to the four Governments across the UK by the end of March 2017.

d That we actively monitor the quality of medical education and as part of this conduct reviews across the United Kingdom. In 2017 we will be carrying out reviews in Northern Ireland and Scotland.

e The consultation on the reform of the List of Registered Medical Practitioners.

Country specific items

10 The Forums considered updates from a key partner in each of the respective countries.

11 In Wales the Forum was presented with an overview from the Wales Deanery relating to Education Contracts with the Health Boards that incorporate the GMC’s Promoting Excellence guidance and how the Deanery uses its Quality Management Framework to ensure the contract is met. The Deanery monitors adherence to the contract by analysing the GMC’s national training survey results, monitoring end of placement evaluation forms and by using an education contract attendance system to ensure that doctors-in-training are released by their employers to attend training.

12 In Scotland Dr Achyut Valluri, a consultant in Acute Medicine NHS Tayside and a former Scottish Leadership Fellow with the GMC, presented to the Forum on the challenges of improving the quality of care within training settings and his use of the GMC’s Promoting Excellence as a framework for change within his unit.
13 The presentation in Northern Ireland from the Achieve Develop Explore Programme for Trainees (ADEPT) Clinical Leadership Fellows reflected on the range of projects that the programme has been involved with in 2015/16. These included the development of a strategy for simulation in Northern Ireland alongside a number of initiatives to improve the safety culture of paediatric care in the South Eastern HSC Trust and across Northern Ireland in general. The progress of these initiatives was well received by Forum members.

*Developing a new strategy 2018-2020: What’s our appetite?*

14 The Forums received a presentation on the development of the GMC’s new Corporate Strategy. Forum members were informed that the GMC wanted to ensure that its unique selling point was clearer by informing the public and profession of the value medical regulation adds and would like to move further ‘upstream’ by supporting good practice.

*Next meeting*

15 The next meeting of the UK Advisory Forums will take place in Cardiff on 14 March, Edinburgh on 21 March and Belfast on 29 March 2017.

16 Actions arising from the autumn meetings will be regularly monitored on an ongoing basis. Feedback from Forum members remains positive about the value of the meetings, but we will continue to keep the format under review as part of the Governance Review scheduled for 2017.